

**INDIANA DEPARTMENT OF COMMERCE
INTERNATIONAL TRADE DIVISION
TRADE SHOW ASSISTANCE PROGRAM**

6 MONTH EVALUATION FORM

A. COMPANY NAME _____

 CONTACT PERSON _____ TEL: _____

B. TRADE EVENT: _____

C. SHOW DATE: _____

D. COUNTRY: _____

E. DIRECT RESULTS OF EVENT:

 1. NUMBER OF SALES LEADS MADE TO DATE: _____

 2. NUMBER OF AGENT/REPRESENTATIVE AGREEMENTS SIGNED: _____

 3. APPROXIMATE SALES RESULTING FROM PARTICIPATION IN THIS SHOW OVER
 THE PAST 6 MONTHS: _____

 4. ESTIMATED SALES OVER THE NEXT 6 MONTHS: _____

F. COMMENTS ABOUT THE EVENT OR TRADE SHOW ASSISTANCE PROGRAM,
 E.G. HIGHLIGHTS, AREAS FOR IMPROVEMENT, ETC.:

Return completed evaluation to ATTN: Financial Programs Specialist,
Indiana Department of Commerce, International Trade Division,
One North Capitol, Suite 700, Indianapolis, IN 46204-2288.